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FEC FORM 1	STATEMENT OF ORGANIZATION								Office	: Use Or	nly			
NAME OF COMMITTEE (in	n full)		Check if name s changed)		mple:If ty		/pe	12F	E4M5	5		•		
Bill Shuste	r for C	ongr	ess 	1 1 1	1 1 1	1 1			1 1			1 1	ı	I
				1 1 1		1 1								
ADDRESS (number a	nd street)	РО ВОХ	(27											
(Check if address is changed)		Holliday	rsburgh					PA		16648	<u> </u>			
			CITY				STATE			ZIP	COD	E		
COMMITTEE'S E-MA (Check if is change	address		provide only one camp@atlanticbb		dress)									
COMMITTEE'S WEB	PAGE ADE	DRESS (U	RL)											
(Check if is change														
2. DATE 1	M / D 22		2011											
3. FEC IDENTIFIC	CATION NU	IMBER	С	C0036493	5									
4. IS THIS STATE!	MENT X	NEW	(N) OR		AM	ENDED	(A)							
I certify that I have e	examined th	is Stateme	ent and to the be	est of my l	knowledg	ge and b	pelief it	is true,	correc	t and c	omplete	э.		
Type or Print Name	of Treasurer	Mr. Pau	ıl A Kilgore											
Signature of Treasure	<i>Mr. Pau</i> er	l A Kilgore			[Electron	nically F	iled]	Date	1 ₁	M /	22	/ Y	20	Y Y 111
NOTE: Submission of			omplete information								nalties	of 2 L	J.S.C.	§437g.
Office					For furth	er inform				F	EC F	OR	M 1	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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